California Medicine

The Medical Association's Dealings With Governmental Plans

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ONLY A FEW CALIFORNIA MEDICAL ASSOCIATION members experience the emotions of those of their colleagues who have stood before you, as I do now, about to assume the responsibility with which you will soon entrust me. Until this moment when your new Presidents enter the highest office in this large state medical association, we are inclined to be flattered by, and proud of, the honor you accord us, rather than fearful of the responsibility we must assume. Then, as the day gets closer, some of us begin to hope that with a little bit of luck, we may be impeached beforehand. But this day always does arrive—when we stand before you, and realize that this is the first time, of many during the coming year, when you will expect your President to live up to your trust . . . and by his words and actions to do you credit. I can only hope to fulfill your expectations, as those who have preceded me in this office, have done so well.

Happily, because of the clear policies and precepts of your former officers, the Council, its many committees, this House of Delegates, along with the efforts of an earnest and dedicated staff, the task is less formidable than it seems. In fact, I am proud to look back over the past few years and observe that we, as an organization, have quietly and efficiently achieved a veritable "revolution" in the practice of medicine.

To refresh your memory:

Just ten years ago in October, the California Public Assistance Medical Care Act became operative. It was an improvement, but let me remind you of some of the things that that law contained. First, the doctor had to ask the Welfare Department for permission to treat a patient. Equally rigid, was the fee schedule ($4 on the RVS, remember?) which was justified by the State on the ground that California Physicians' Service had an even lower schedule (The A schedule, remember?), which it sold to non-indigent patients. Also, you could treat patients in the office—but if they were really sick and needed a hospital bed, back to the County hospital they went . . . deprived of your services when they needed you most, and when you most wanted to care for them. Now, there is virtually no prior authorization, little or no fee schedule. You can put your indigent patient in hospital where you want to—and there is much more comprehensive coverage.

Look at Workmen's Compensation. Up until about ten years ago, CMA had had almost nothing to do with the Industrial Accident Commission, except to denounce it occasionally. And for 40 years or so, California workmen who were injured were treated by the cheapest medical care that could be bought. Recognition was finally achieved that injured workmen are not second-class citizens medically and when they were put on a par with the rest of the population, one result concomitant with better care was the upgrading of medical fees; another was the promise to work toward the elimination of the fee schedule entirely.

Even Medicare surprised us when we learned the government was going to trust us by purchasing medical care for social security recipients at our usual rates. True, there have been some administrative ineptitudes, but I think most of us have been pleasantly surprised by the absence of

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interference and arbitrariness which has characterized the government's attitude toward the medical profession so far in the Medicare program.

I think most of you who have met and dealt with government people will agree that, with a few exceptions, they are reasonable people. They have a growing sensitivity to Medicine's traditions and its need for freedom and individuality. I think the American Medical Association achieved this, over the last ten or fifteen years, by its courageous negotiations, testimony, advertising and education, by its diligent and unremitting opposition to the wide and wild variety of compulsory health care legislation with which it was confronted. The whole "usual and customary" concept in present government programs, together with the medical freedoms and prerogatives which are a matter of law, resulted from the AMA's opposition. If the AMA had been perfect, if it had made no mistakes, we would have perfect medicine, and a perfect Medicare Act. But no one is perfect.

If you will compare the newest of government medical programs with some older ones—and particularly those proposals modified by AMA and CMA involvement—you will note they are all better than we have seen expressed in past programs. They are easier on the patient, partly because they are easier on us. They are more generous for the patient, because they are more generous with us. They are more productive for the patient because they let us do more things in a larger variety of ways.

These improvements are not happening merely because people, and particularly government people are getting smarter. I think they are happening because doctors are getting smarter. They are happening because doctors are concentrating, in their medical organizations, their experience and their ability to converse and instruct in the fiscal, administrative and political problems of medicine. In other words, doctors are learning to use not only their medical knowledge, but their fiscal, administrative and political know-how.

Only 20 years ago, *all* of the involvement of our county medical societies, the California Medical Association and the American Medical Association was still the subject of considerable debate. Many highly-respected leaders of medicine deplored the involvement of their scientific societies in the world of politics, in the hurly-burly of the market-place, in the rough and tumble of the courts. For instance, we hated to think about malpractice problems. Those doctors who concerned themselves with malpractice and other growing doctor-problems of the time, impressed us even while we looked a bit askance at them.

Now our medical societies are helping us in dealing with insurance companies. They help us talk to attorneys, to labor, to government, to news media, pressure groups and others. They help us to establish a reasonable relationship, in which neither party is threatening and neither party is fearful. In short, they serve as preservers of our traditions and as an authority to which we can turn for assurance and help.

Medical associations should now become the specific ombudsman for physicians as they have long been the medical ombudsman for our patients.

Physicians more and more, with the complexities of legislation and medical civics, understand their own need for an organized protector—in which each regards his own interest as best served by that which he knows to be most advantageous for all. We must let it be known that the finest public service we can render our members is the service that enables them to practice medicine of the highest standards in accordance with their training, their character and their conscience. If the hard-working, dues-paying member understands this—perhaps we can find it easy to forgive him if he does not read his socio-economic mail, if he does not know what is in Public Law 89-239, or PL 89-749 or what the Hart Bill is all about.

We now face a new year in California Medical Association activity. A new Council, new officers, a new staff organization—all demand reappraisal, a consolidation, a new realistic involvement by the medical profession in the health care matters of the state. As a state organization, we have done admirably, but we are still learning, still gathering experience and, in some ways, only just beginning.

We face many problems in the coming months —and we must realize that there may be no solution for certain situations, but that there are partial solutions for all situations.

What do we face?

The implementation of the Comprehensive Planning amendments makes it mandatory that all county medical associations become familiar with this law, and the report on which it is based. A cooperative, voluntary planning-involvement of our profession with all interested segments of society at a local level is of utmost importance.

The Heart Disease, Cancer and Stroke law is in the planning phase, and local involvement is important to keep this program in its proper perspective.

As to state government, I believe the time is past when we can passively await a call from Sacramento for advice. I would submit that we must actively seek participation in decisions, particularly in regard to mental health and medical legislation of all kinds.

I hope we will actively seek participation of those physicians who are not currently members of our association, especially the educators, who have as great a stake in where we go as any of the rest of us.

We must make better use of the advances in data collecting and automation—so we may better serve the needs of the public and of our members. These—and many other problems we will face—and I expect this House of Delegates to bring forth exemplary solutions to them.

In our efforts to consolidate and evaluate during the coming year, and years, we must be careful of several attitudes:

We must be careful to stay close to our working membership. We must see to it that we, as delegates, councilors, officers and staff, understand the membership's needs. We must continually "test" what we are doing, organizationally, against their understanding of it, against their prejudices, against their enthusiasms. It is *our* responsibility to see that the membership *understands*. If they don't understand what we are doing, we should stop doing it until we have explained it to their satisfaction. If some of our committees stray from the understanding, consent and interest of our members—impatience, divisiveness and unrest soon develop.

We must be careful not to see our problems in terms which are too academic and thereby seek to solve them with formulas, gimmicks and rigid rules. The practice of medicine is practical and pragmatic—we deal with facts, realistic situations, and human problems, no two of which are ever alike.

The rules of medicine are rules which demand that the doctor be guided by his own character, training, judgment and intelligence—and they urge him to use everything he finds available for the comfort and well-being of his patient. I hope that our committees, made up of practicing physicians who know their calling and their needs, will remember this. I hope they will listen to their own instincts and find their own practical solutions.

Finally, we must be sure that our true character as a professional association is understood and appreciated. The group whose understanding is most important to us is our own membership. They will understand us most rapidly if we find their needs and serve them as best we can. We cannot persuade them with words—they are too busy to read our pronouncements. But they will believe and appreciate what we do when our actions arise not from unreal problems and solutions which others propose for us, but from our understanding of medicine's principles and medicine's needs.

Let us continue to build on an already distinguished record.